

Express Mail No.: EV 918277451 US

PATENT

Attorney Docket No.: 15800.10026



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Alan Smithies  
Serial No.: 10/708,652  
Filed: March 17, 2004  
For: HIGH TEMPERATURE  
POLYMER FILTRATION  
MEDIUM

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Group No.: 1762  
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Examiner: Cameron, Erma C.  
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Mail Stop: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL

- Transmitted herewith is:  
Amendment Transmittal (3 pgs.), in duplicate  
Amendment After Final in response to the Office Action dated May 30, 2006, and  
made final (11 pages)  
Request for Continued Examination (RCE) Transmittal (1 page), in duplicate  
Return Receipt Postcard

STATUS

- Applicant  
☐ claims small entity status.  
☒ is other than a small entity.

11/15/2006 MBIZUNES 00000024 012384 10708652

CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER FOR PATENTS

Express Mail No. EV 918277451 US  
Date: November 13, 2006

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Robert B. Reeser, III, Reg. No. 45,548

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a)   X   Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within: | Other than small entity Fee | Small entity Fee (if applicable) |
|--------------------------------|-----------------------------|----------------------------------|
| <u>      </u> first month      | \$ 120.00                   | \$ 60.00                         |
| <u>      </u> second month     | \$ 450.00                   | \$ 225.00                        |
| <u>  X  </u> third month       | \$ 1,020.00                 | \$ 510.00                        |
| <u>      </u> fourth month     | \$1,590.00                  | \$ 795.00                        |
| <u>      </u> fifth month      | \$2,160.00                  | \$1,080.00                       |

Fee:           \$1,020.00          

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

       An extension of        months has already been secured. The fee paid therefor \$       is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$      

OR

- (b)        Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)                                  | (Col. 2)                              | (Col. 3)         | SMALL ENTITY               | OTHER THAN<br>SMALL ENTITY       |
|---|---|---------------------------------------|------------------|----------------------------|----------------------------------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDITIONAL<br>RATE FEE     | ADDITIONAL<br>RATE FEE           |
|   | MINUS                                     |                                       | =                | x \$25.00 = \$             | x \$50.00 = \$                   |
| TOTAL<br>INDEP.                           | MINUS                                     |                                       | =                | x \$100.00 = \$            | x \$200.00 = \$                  |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |                                       |                  | + \$180.00 = \$            | + \$360.00 = \$                  |
|   |   |                                       |                  | TOTAL ADDITIONAL<br>FEE \$ | OR<br>TOTAL ADDITIONAL<br>FEE \$ |

- (a) ☒ No additional fee for Claims is required

**OR**

- (b) ☐ Total additional fee for claims required \$ \_\_\_\_\_

## FEE PAYMENT

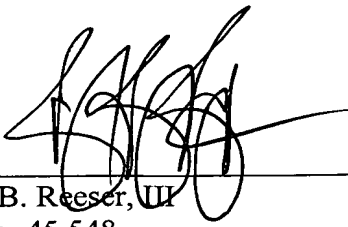
5. Attached is a check in the sum of \$ \_\_\_\_\_
- ☒ Charge Deposit Account No. 01-2384 the sum of \$1,020.00.  
A duplicate of this transmittal is attached.

## FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:

  
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